



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **26811 SECO CYN RD E, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 297-0224**

OWNER OF BUSINESS: **SOMSRI CHEENTHONG**

CAL. DR. LIC# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED: **THANYARAT MIRANDA**

FICTITIOUS NAME: **MAGIC TOUCH THAI MASSAGE**

MAILING ADDRESS: **26811 SECO CYN RD E, SANTA CLARITA, CA 91350**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	06/23/15	ddo
<input checked="" type="checkbox"/> 4. Fire Department	YES	07/21/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	06/21/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	02/02/16	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	06/23/15	ddo
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	06/24/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	02/02/16	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2158.00

ID # 148458

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor - General</u>	Address of Business: <u>26811 Seco Canyon Rd * E, Santa Clarita, CA 91350</u>	
DBA (Business Name): <u>Magic Touch Thai Massage</u>	Business Telephone: <u>661 297 0224</u>	
	Mailing Address: <u>26811 Seco Canyon Rd, * E Santa Clarita CA 91350</u> <u>Thany2555@gmail.com</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>MIRANDA THANYARAT</u>		
Home Address: [REDACTED]		
Home Telephone:	Cell Phone: [REDACTED]	Email address: <u>Thany2555@gmail.com</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
	Hair Color: [REDACTED]	Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 6/22/15 Applicant's Signature: Thanyarat Miranda

Application taken by: MG Date: 6-22-15

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

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TELEPHONE: **(661) 297-0224**

OWNER OF BUSINESS: **THANYARAT MIRANDA**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MAGIC TOUCH THAI MASSAGE**

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**BUILDING & SAFETY
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

*We recommend approval at
this time.*

SIGNATURE:

D. Hammed

DATE:

6/23/15

07/01/2015 WED 12:46 FAX 5612861134 --- Linda Trejo

0004/007

08/30/2015 12:27 6612871678

#1834 P.001/003

06/30/2015 TUE 10:15 FAX 5612861134 --- Linda Trejo

9292037842

08:14:36 a.m.

06-29-2015

20/20

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 100, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26811 SECO CYN RD E, SANTA CLARITA, CA 91350

TELEPHONE: (661) 297-0224

OWNER OF BUSINESS: THANYARAT MIRANDA

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MAGIC TOUCH THAI MASSAGE

MAILING ADDRESS: 26811 SECO CYN RD E, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

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THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: None.

SIGNATURE: [Signature]

DATE: 6-30-15

BASIC LICENSE NO. 8430

DATE 06/23/15

IDENTIFICATION NUMBER 142458



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26811 SECO CYN RD E, SANTA CLARITA, CA 91350

TELEPHONE: (661) 297-0224

OWNER OF BUSINESS: THANYARAT MIRANDA

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MAGIC TOUCH THAI MASSAGE

MAILING ADDRESS: 26811 SECO CYN RD E, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: [Signature] DATE: 6/16/2016

BASICLICENSENO. 8430

DATE 01/20/16

IDENTIFICATION NUMBER 142458

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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THIS IS AN APPLICATION FOR: NEW LICENSE

**REGIONAL PLANNING
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: approval for massage parlor OTCIS-1174

SIGNATURE: 

DATE: 6/23/15



**LOS ANGELES
TAX COLLECTOR**

Box 34970, Los Angeles, CA 90034-0970

**S LICENSE
ON REFERRAL**

15-00761

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL/SC**

ADDRESS OF BUSINESS: **26811 SECO CYN RD E, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 297-0224**

OWNER OF BUSINESS: **THANYARAT MIRANDA**

Chenethonb, Samir

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NAME OF PERSON FINGERPRINTED: [REDACTED]

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**SHERIFF FINGERPRINT
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

Approved

SIGNATURE:

WLP

5/3/14

DATE:

4/29/14

BASIC LICENSE NO. **9430**

DATE **06/11/15**

IDENTIFICATION NUMBER **142458**